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| UTILITY |
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| PATENT APPLICATION |
| TRANSMITTAL |

| Attorney Docket No. | | 110003.98148.02AB071 | | | | | |
|---------------------|---------------|----------------------|----------------------|----------------|--|--|--|
| First Inventor | | F | | | | | |
| Title | Winch Control | M | lethod and Apparatus | - 1 | | | |
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(Only for new nonprovisional applications under 37 CFR 1.53(b)) Express Mail Label No. | EV 286 Commissioner for Patents APPLICATION ELEMENTS ADDRESS TO: P.O. Box 1450 See MPEP chapter 600 concerning utility patent application contents. Alexandria, VA 22313-1450 Fee Transmittal Form (e.g., PTO/SB/17) CD-ROM or CD-R in duplicate, large table or (Submit an original and a duplicate for fee processing) Computer Program (Appendix) Applicant claims small entity status. 8. Nucleotide and/or Amino Acid Sequence Submission See 37 CFR 1.27. (if applicable, all necessary) pecification [Total Pages referred arrangement set forth below) Specification Computer Readable Form (CRF) - Descriptive title of the invention b. Specification Sequence Listing on: Cross Reference to Related Applications i. CD-ROM or CD-R (2 copies); or - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, paper or a computer program listing appendix Statements verifying identity of above copies - Background of the Invention - Brief Summary of the Invention **ACCOMPANYING APPLICATION PARTS** Brief Description of the Drawings (if filed) Detailed Description Assignment Papers (cover sheet & document(s)) - Claim(s) 37 CFR 3.73(b) Statement Power of - Abstract of the Disclosure 10. Attorney (when there is an assignee) Drawing(s) (35 U.S.C. 113) [Total Sheets 6 English Translation Document (if applicable) 4. Citations Copies of IDS Information Disclosure 12. 5. Oath or Declaration [Total Pages Statement (IDS)/PTO-1449 Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed) Preliminary Amendment Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed) **DELETION OF INVENTOR(S)** Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR Nonpublication Request under 35 U.S.C. 122 1.63(d)(2) and 1.33(b). (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Application Data Sheet. See 37 CFR 1.76 17. Other: 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.: Examiner Group Art Unit: For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS ~ Customer Number or Bar Code Label Correspondence address below Name Susan M. Donahue Rockwell Automation, Inc. 1201 South Second Street, 704-P Address City Milwaukee State Zip Code 53204-2496 WI USA 414.382.4463 414.382.3900 Country Telephone Fax Michael A. Jaskolaki Registration No. (Attorney/Agent) 37,551 Name (Print/Type) 7 - 22 -03 Signature Date

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PTO/SB/17 (5-03)
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| | | First Named Inventor | | | | Winch Control Method And Apparatu | | | | | |
| Patei | | Examiner Name | | | | | | | | | |
| Applicant claims | small entity status. See 37 CFR 1.27 | | Group Art Unit | | | | | | | | |
| TOTAL AMOUNT | OF PAYMENT (\$) 1,252.00 | | Attorney Docket No. | | | 110003 | 3.98148 | | | | |
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| i | SUBTOTAL (2) (\$) 462.00 | nl . | | ı | | of a de | sign applic | cation | | | |
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| **or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid *SUBTOTAL (3) (3) 40.00 | | | | | | | | | | | |
| SUBMITTED BY | | | <u> </u> | | | | | Complete (if | applicable) | | |
| Name (Print/Type) | Michael A. Jaskolski | | Registra (Attorne) | | | 7,551 | | Telephone | 414.277.57 | 11 | |
| Signature | | | | | | | Date | 7-22- | 03 | | |
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